

Deval L. Patrick Governor

Timothy P. Murray Lieutenant Governor

Kevin M. Burke Secretary

The Commonwealth of Massachusetts Department of Public Safety Architectural Access Board One Ashburton Place, Room 1310 Boston, Massachusetts 02108-1618 Phone 617-727-0660 / 1-800-828-7222 TTY 617-727-0019

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Thomas G. Gatzunis, P.E. Commissioner

Thomas P. Hopkins Director

www.mass.gov/dps

APPLICATION FOR VARIANCE

In accordance with M.G.L., Chapter 22, Section 13A, I hereby apply for modification of or substitution for the rules and regulations of the Architectural Access Board as they apply to the facility described below on the grounds that literal compliance with the Board's regulations is impracticable in my case.

PLEASE ENCLOSE:

- 1) A filing fee of \$50.00 (Check/Money Order) made payable to the Commonwealth of Massachusetts, <u>four</u> copies of the original application for variance and all supporting documentation, i.e all plans in 11" x 17" format, photographs, etc. In addition, the complete package (including plans and photographs) must be submitted via compact disc.
- 2) If you are a tenant seeking variances, a letter from the owner of the building is required, authorizing you to apply on behalf of he/she.

	State the name and address of the <u>owner</u> of the building/facility:							
	Tel:							
2.	State the name and address or other identification of the building/facility:							
3.	Describe the facility: (Number of floors, type of functions, use, etc.)							
l.	Total square footage of the building:Per floor:a. total square footage of tenant space (if applicable):							
5.	Check the work performed or to be performed:New ConstructionAdditionReconstruction, remodeling, alterationChange of Use							
3 .	Briefly describe the extent and nature of the work performed or to be performed: (Use additional sheets if necessary).							
7 .	State each section of the Architectural Access Board's regulations for which a variance is being requested: 'a. Check appropriate regulations:1996 Regulations 2002 Regulations2006 Regulations							
	SECTION NUMBER LOCATION OR DESCRIPTION							

	Is the building historically significant?yesno. If no, go to number 9. 8a. If yes, check one of the following and indicate date of listing: National Historic Landmark Listed individually on the National Register of Historic Places Located in registered historic district Listed in the State Register of Historic Places										
8b.	8b. If you checked any of the above and your variance request is based upon	Eligible for listing If you checked any of the above <u>and</u> your variance request is based upon the historical significance of the building, you must provide a letter of determination from the Massachusetts Historical Commission, 220 Morrissey Boulevard, Boston, MA 02125									
9.	For each variance requested, state in detail the reasons why compliance with the Board's regulations is impracticable. State the necessary cost of the work required to achieve compliance with the regulations. PLEASE NOTE THAT YOU SHOULD SUBMIT WRITTEN COST ESTIMATES AS WELL AS PLANS JUSTIFYING THE COST OF COMPLIANCE. Use additional sheets if necessary.										
10.	10. Has a building permit been applied for?Has a building perm 10a. If a building permit has been issued, what date was it issued? 10b. If work has been completed, state the date the building permit was issued.										
11.	 State the estimated cost of construction as stated on the above building per 11a. If a building permit has not been issued, state the anticipated construction. 										
12.	 Have any other building permits been issued within the past 36 months? 12a. If yes, state the dates that permits were issued and the estimated cost of construction for e permit: 										
13.	13. Has a certificate of occupancy been issued for the facility? If yes	, state the date:									
14.	 To the best of your knowledge, has a complaint ever been filed on this buno. 	ilding relative to accessibility? yes									
15.	15. State the actual assessed valuation of the BUILDING ONLY , as recomunicipality in which the building is located 100%? If not, what is the town's current assessment ratio?	Is the assessment at									
16.	16. State the phase of design or construction of the fac application:	ility as of the date of this									
17.	17. State the name and address of the architectural or engineering firm includir engineer responsible for preparing drawings of the facility:	ng the name of the individual architect or									
		TEL:									
18.	State the name and address of the building inspector responsible for overseeing this project:										
		TEL:									
	Deter PRINT:										
	Date: PRINT:Name of owner or authorized ago	ent									
	Address										
	City/Town State	Zip Code									
	Signature	 Telephone									